



PTO/SB/05 (03-01)

## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)

| Attorney Docket No.:    |                                                                     | CM01545L        |  |  |  |  |
|-------------------------|---------------------------------------------------------------------|-----------------|--|--|--|--|
| First Inventor:         |                                                                     | FENG NIU        |  |  |  |  |
| Title:                  | E, LOW LOSS MEMS TORSIONAL HINGES AND MEMS<br>EMPLOYING SUCH HINGES |                 |  |  |  |  |
| Express Mail Label No.: |                                                                     | EL 793075507 US |  |  |  |  |

| APPLICATION ELEMENTS                                                 |                                                                                                               |                  | Assistant Commissioner for Patents                                                                                                                                        |  |  |  |  |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| See MPEP chapter 600 concerning utility patent application contents. |                                                                                                               | ADDI             | RESS TO: Box Patent Application                                                                                                                                           |  |  |  |  |
| See MITER chapter 600 concerning durity patent application contents. |                                                                                                               |                  | Washington, D.C. 20231                                                                                                                                                    |  |  |  |  |
| 1. X Fee Tra                                                         | ansmittal Form in duplicate                                                                                   |                  | 7. CD-ROM or CD-R in duplicate, large                                                                                                                                     |  |  |  |  |
|                                                                      | an original and a duplicate for fee processing)                                                               |                  |                                                                                                                                                                           |  |  |  |  |
|                                                                      | eant claims small entity status                                                                               | J                | 8. Nucleotide and/or Amino Acid Sequence                                                                                                                                  |  |  |  |  |
|                                                                      | CFR 1.27                                                                                                      | ļ                | (if applicable, all necessary)                                                                                                                                            |  |  |  |  |
|                                                                      |                                                                                                               | Ì                | a. Computer Readable Form (CFR)                                                                                                                                           |  |  |  |  |
|                                                                      | red arrangement set forth below)                                                                              | ·                | 8. Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)  a. Computer Readable Form (CFR) Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); |  |  |  |  |
|                                                                      | ptive title of the invention                                                                                  |                  | i. CD-ROM or CD-R (2 copies);                                                                                                                                             |  |  |  |  |
|                                                                      | Reference to Related Applications                                                                             | 1                | ii. or paper                                                                                                                                                              |  |  |  |  |
|                                                                      | ent Regarding Fed sponsored R&D                                                                               | ł                | c. Statements verifying identify of above copies                                                                                                                          |  |  |  |  |
| -Statem                                                              | nce to sequence listing, a table,                                                                             | Ì                |                                                                                                                                                                           |  |  |  |  |
|                                                                      | omputer program listing appendix                                                                              | 1                | ACCOMPANYING APPLICATION PARTS                                                                                                                                            |  |  |  |  |
|                                                                      | ound of the Invention                                                                                         |                  | 9. X Assignment Papers (cover sheet & document(s)) √                                                                                                                      |  |  |  |  |
| -                                                                    | ummary of the Invention                                                                                       |                  |                                                                                                                                                                           |  |  |  |  |
|                                                                      | escription of the Drawings (if filed                                                                          |                  | 10. 37 CFR 3.73(b) Statement Power of                                                                                                                                     |  |  |  |  |
|                                                                      | d Description                                                                                                 |                  | (when there is an assignee) Attorney                                                                                                                                      |  |  |  |  |
| -Claim(s                                                             |                                                                                                               |                  | 11. English Translation Document (if applicable)                                                                                                                          |  |  |  |  |
| ,                                                                    | et of the Disclosure                                                                                          |                  |                                                                                                                                                                           |  |  |  |  |
|                                                                      |                                                                                                               | Ì                | 12. Information Disclosure Copies of IDS                                                                                                                                  |  |  |  |  |
|                                                                      |                                                                                                               |                  | Statement (IDS)/PTO-1449 Citations                                                                                                                                        |  |  |  |  |
| 4. X Drawit                                                          | ng(s) (35 U.S.C. 113) [ Total Sheets                                                                          | 9 ]              | 13. Preliminary Amendment                                                                                                                                                 |  |  |  |  |
| 5. Oath or Dec                                                       |                                                                                                               | 3 ]              | 14. X Return Receipt Postcard (MPEP 503)                                                                                                                                  |  |  |  |  |
| 5. Oath of De                                                        | Total Lages                                                                                                   | <b>─</b> ┤╎      | (Should be specifically itemized)                                                                                                                                         |  |  |  |  |
| , [v]                                                                | Newly executed (original or copy)                                                                             |                  | 15. Certified Copy of Priority Document                                                                                                                                   |  |  |  |  |
|                                                                      | Copy from a prior application (37 CFR 1.63                                                                    | 3(d)) 1          | (if foreign priority is claimed)                                                                                                                                          |  |  |  |  |
| b                                                                    |                                                                                                               | (u <i>))</i><br> |                                                                                                                                                                           |  |  |  |  |
|                                                                      | (for continuation/ divisional with Box 18                                                                     | ŀ                | 16. Nonpublication Request and Certification under 35 .U.S.C. 122(b)(2)(B)(i). Applicant                                                                                  |  |  |  |  |
|                                                                      | completed)                                                                                                    | ı                | must attach form PTO/SB/35 or its equivalent                                                                                                                              |  |  |  |  |
|                                                                      | DELEGION OF THE PROPERTY.                                                                                     | 1                | L                                                                                                                                                                         |  |  |  |  |
| i                                                                    | DELETION OF INVENTOR(S)                                                                                       | n the            | 17. Other:                                                                                                                                                                |  |  |  |  |
|                                                                      | Signed statement attached deleting inventor(s) named in spiror application, see 37 CFR 1.63(d)(2) and 1.33(b) | ш ше             |                                                                                                                                                                           |  |  |  |  |
|                                                                      | prior application, ee 37 CFR 1.63(d)(2) and 1.33(b).                                                          |                  |                                                                                                                                                                           |  |  |  |  |
|                                                                      | cation Data Sheet under 37 CFR 1.76                                                                           |                  |                                                                                                                                                                           |  |  |  |  |
| 18. If a CONTINU                                                     | JING APPLICATION, check appropriate box an                                                                    | nd supply        | y the requisite information below and in a preliminary amendment, or in                                                                                                   |  |  |  |  |
| an Application                                                       | n Data Sheet under 37 CFR 1.76:                                                                               |                  |                                                                                                                                                                           |  |  |  |  |
| Continuation                                                         | " J.:                                                                                                         | nuation-i        | in- Part (CIP) of Prior Appl. No.                                                                                                                                         |  |  |  |  |
| Prior Appl. information: Examiner: Group/Art Unit:                   |                                                                                                               |                  |                                                                                                                                                                           |  |  |  |  |
| 19. CORRESPONDENCE ADDRESS                                           |                                                                                                               |                  |                                                                                                                                                                           |  |  |  |  |
|                                                                      |                                                                                                               |                  | O Correspondence address below                                                                                                                                            |  |  |  |  |
| Customer Numb                                                        | per or Bar Code Label                                                                                         |                  | r Correspondence address below                                                                                                                                            |  |  |  |  |
| Name                                                                 |                                                                                                               |                  |                                                                                                                                                                           |  |  |  |  |
| Address                                                              |                                                                                                               | tota             | Zip Code                                                                                                                                                                  |  |  |  |  |
| City                                                                 |                                                                                                               | State            | (954) 723-6449 Fax (954) 723-3871                                                                                                                                         |  |  |  |  |
| Country                                                              | U.S.A. Telephone                                                                                              |                  | Registration Number (Attorney/Agent)   37,328                                                                                                                             |  |  |  |  |
| Name                                                                 | Andrew S. Fuller                                                                                              |                  | Trog.out.                                                                                                                                                                 |  |  |  |  |
| SIGNATURE                                                            | full                                                                                                          |                  | Date December 20, 2001                                                                                                                                                    |  |  |  |  |

## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision

|      | Applicant claims small entity st | atus. See 37 CFR 1.27 |
|------|----------------------------------|-----------------------|
| TOTA | L AMOUNT OF PAYMENT              | (\$) 1068.00          |

| AL AMOUNT OF PAYMENT | (\$) 10 | 068.00 |
|----------------------|---------|--------|
|                      |         |        |

|                      |          | PTO/SB/17 (11-01) |  |  |  |
|----------------------|----------|-------------------|--|--|--|
| Complete if Known    |          |                   |  |  |  |
| Application No.      |          |                   |  |  |  |
| Filing Date          |          |                   |  |  |  |
| First Named Inventor | FENG NIU |                   |  |  |  |
| Examiner Name        |          |                   |  |  |  |
| Group Art Unit       |          |                   |  |  |  |
| Attorney Docket No.  | CM01545I |                   |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                  |                                                                     | FEE CALCULATION (continued) |                           |            |                 |                                                                                   |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|---------------------------------------------------------------------|-----------------------------|---------------------------|------------|-----------------|-----------------------------------------------------------------------------------|------------|
| ☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                  |                                                                     | 3. AD                       | DITION                    | AL FEES    |                 | (verninga)                                                                        |            |
| □ Deposit Account     □ Deposit Acc |               |                  | Larg                                                                | e Entity                    | Sma                       | all Entity |                 |                                                                                   |            |
| Deposit Account Number 50-0757                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | Fee              | Fee                                                                 | Fee                         | Fee                       |            |                 |                                                                                   |            |
| Deposit Account Name Motorola, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                  | Code                                                                | (\$)                        | Code                      | (\$)       | Fee Description | Fee Paid                                                                          |            |
| The Commis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | sioner is h   | ereby aut        | horized to: (check all that apply)                                  | 105                         | 130                       | 205        | 65              | Surcharge - late filing fee or oath                                               |            |
| Charge for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ee(s) indicat | ted below        |                                                                     |                             | 50                        | 227        | 25              | Surcharge - late Provisional filing                                               |            |
| Charge a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | iny addition  | al fee(s) di     | uring the pendency of this application                              | 139                         | 130                       | 139        | 130             | Non-English specification                                                         |            |
| ☐ Charge fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ee(s) indicat | ted below,       | except for the filing fee                                           | 147                         | 2520                      | 147        | 2520            | For filing a request for ex parte                                                 |            |
| to the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | bove-identit  |                  |                                                                     |                             |                           | İ          |                 | Reexamination                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | FEE CA           | ALCULATION                                                          | 112                         | 920*                      | 112        | 920*            | Requesting publication of SIR prior to                                            |            |
| 1. BASIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FILING F      | EE               |                                                                     |                             |                           | İ          |                 |                                                                                   |            |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Small         |                  |                                                                     | 113                         | 1840*                     | 112        | 10401           | Examiner action                                                                   |            |
| Fee Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fee           | Fee              | Fee Description Fee Paid                                            | /13                         | 1040                      | 113        | 1840°           | Requesting publication of SIR after                                               |            |
| Code \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code          | \$               |                                                                     | 115                         | 110                       | 215        | 55              | Examiner action  Extension for reply within first month                           | -          |
| 101 740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 201           | 370              | Utility filing fee 740                                              | 116                         | 400                       | 216        | 200             | Extension for reply within first month<br>Extension for reply within second month | <b>——</b>  |
| 106 330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 206           | 165              | Design filing fee                                                   | 117                         | 920                       | 217        | 460             | Extension for reply within third month                                            | <b>———</b> |
| 107 510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 207           | 255              | Plant filing fee                                                    | 118                         | 1440                      | 218        | 720             | Extension for reply within fourth month                                           |            |
| 108 740<br>114 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 208           | 370              | Reissue filing fee                                                  | 128                         | 1960                      | 228        | 980             | Extension for reply within fifth month                                            |            |
| 3114 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 214           | 80               | Provisional filing fee                                              | 119                         | 320                       | 219        | 160             | Notice of Appeal                                                                  |            |
| A EVEN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                  | SUBTOTAL (1) (\$) 740                                               | 120                         | 320                       | 220        | 160             | Filing a brief in support of an appeal                                            |            |
| 2. EXIRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIM F       | EES FO           | R UTILITY AND REISSUE                                               | 121                         | 280                       | 221        | 140             | Request for oral hearing                                                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  | Fee from                                                            | 138                         | 1510                      | 138        | 1510            | Petition to institute a public use proceeding                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Extr             | a Claims below Fee Paid                                             | 140                         | 110                       | 240        | 55              | Petition to revive - unavoidable                                                  | <u> </u>   |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36            | -20* = 1         | 16 x 18 = 288.00                                                    | 141                         | 1280                      | 241        | 640             | Petition to revive - unintentional                                                |            |
| Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | -                |                                                                     | 142                         | 1280                      | 242        | 640             | Utility issue fee (or reissue)                                                    |            |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3             | -3* = 0          | ) x 84 =                                                            | 143                         | 460                       | 243        | 230             | Design issue fee                                                                  |            |
| Multiple Deper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ndent         |                  | 280                                                                 | 144                         | 620                       | 244        | 310             | Plant issue fee                                                                   |            |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C             | II Fasta.        |                                                                     | 122                         | 130                       | 123        | 50              | Petitions to the Commissioner                                                     |            |
| Fee Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | II Entity<br>Fee | - For Boardation                                                    | 123                         | 50                        | 123        | 50              | Processing fee under 37 CFR 1.17(q)                                               |            |
| Code \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1             |                  | Fee Description                                                     | 126                         | 180                       | 126        | 180             | Submission of IDS                                                                 |            |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18 203        | <b>\$</b><br>9   | Claims in avenue of 00                                              | 581                         | 40                        | 581        | 40              | Recording each patent assignment                                                  | 40         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 84 202        | 42               | Claims in excess of 20                                              |                             |                           |            |                 | per property (times number of properties)                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80 204        | 140              | Independent claims in excess of 3                                   | 146                         | 740                       | 246        | 370             | Filing a submission after final                                                   |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 84 209        | 42               | Multiple dependent claim, if not paid  **Reissue independent claims | 140                         | 740                       | 2.12       |                 | rejection (37 CFR § 1.129(a))                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  | over original patent                                                | 149                         | 740                       | 249        | 370             | For each additional invention to be                                               |            |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18 210        | 9                | **Reissue claims in excess of 20<br>and over original patent        | 179                         | 740                       | 279        | 370             | examined (37 CFR § 1.129(b)) Request for Continued Examination                    |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | SUBT             | OTAL (2) (\$) 288.00                                                | 169                         | 900                       | 169        | 900             | (RCE) Request for expedited examination                                           |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |                                                                     |                             |                           | 100        | 300             | of a design application                                                           |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |                                                                     | Other fe                    | e (specify                | ')         |                 | o, a doorgin approation                                                           |            |
| <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                  |                                                                     |                             |                           |            |                 |                                                                                   |            |
| **or number previously paid, if greater. For Reissues, see above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                  | *Reduced b                                                          | oy Basic Filin              | g Fee Pd                  |            | SUBTOTAL (3)    | \$ 40                                                                             |            |
| SUBMITTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                  |                                                                     | Complete (if applicable)    |                           |            |                 |                                                                                   |            |
| Name (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Andre         | w S. Fulle       | er                                                                  | Registra                    | ation No                  | (Attorne   |                 | 37,328                                                                            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  | P                                                                   |                             |                           | 1, monre   |                 |                                                                                   |            |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,             | M.               | bel                                                                 | Date                        | Telephone: (954) 723-6449 |            |                 |                                                                                   |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                  | F L. W                                                              |                             |                           |            | LICCOMPO        |                                                                                   |            |